

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HP</i>		<i>10/5/98</i>
O.I.F.E. CLASSIFIER		<i>16</i>	<i>10698</i>
FORMALITY REVIEW	<i>BD</i>	<i>00454</i>	<i>10-9</i>

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
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26	✓	✓	✓
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29	✓	✓	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here.

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